



TFW 2143

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|   |                        |                |
|---|------------------------|----------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/574,345     |
|   | Filing Date            | May 19, 2000   |
|   | First Named Inventor   | Derek C. AU    |
|   | Art Unit               | 2143           |
|   | Examiner Name          | Shin, Kyung H. |
| Total Number of Pages in This Submission  | Attorney Docket Number | 578062000300   |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| Remarks  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                    |          |        |
|--|------------------------------------|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP (CN 25224) |          |        |
| Signature                                  |                                    |          |        |
| Printed name                               | Mehran Arjomand                    |          |        |
| Date                                       | February 28, 2006                  | Reg. No. | 48,231 |

|  |                               |
|--|-------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                               |
| Dated: February 28, 2006   | Signature:  (Cheryl Y. Price) |



|   |  |                          |                |
|---|--|--------------------------|----------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>  |  | Application Number       | 09/574,345     |
|   |  | Filing Date              | May 19, 2000   |
|   |  | First Named Inventor     | Derek C. AU    |
|   |  | Examiner Name            | Shin, Kyung H. |
|   |  | Art Unit                 | 2143           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Attorney Docket No.      | 578062000300   |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | <b>225.00</b>  |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>        |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                                     |

|   |                     |   |                      |                                  |                         |                     |                       |
|---|---------------------|---|----------------------|----------------------------------|-------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                                  |                         |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                                  |                         |                     |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                                  | <b>EXAMINATION FEES</b> |                     |                       |
|   |                     | <u>Small Entity</u>                                     |                      | <u>Small Entity</u>              |                         | <u>Small Entity</u> |                       |
| <u>Application Type</u>   | <u>Fee (\$)</u>     | <u>Fee (\$)</u>   | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>         | <u>Fee (\$)</u>     | <u>Fees Paid (\$)</u> |
| Utility   | 300                 | 150   | 500                  | 250                              | 200                     | 100                 | _____                 |
| Design  | 200                 | 100   | 100                  | 50                               | 130                     | 65                  | _____                 |
| Plant   | 200                 | 100   | 300                  | 150                              | 160                     | 80                  | _____                 |
| Reissue   | 300                 | 150   | 500                  | 250                              | 600                     | 300                 | _____                 |
| Provisional   | 200                 | 100   | 0                    | 0                                | 0                       | 0                   | _____                 |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                      |                                  |                         |                     |                       |
|   |                     |   |                      |                                  |                         | <u>Small Entity</u> |                       |
| <u>Fee Description</u>  |                     |   |                      |                                  |                         | <u>Fee (\$)</u>     | <u>Fee (\$)</u>       |
| Each claim over 20 (including Reissues)   |                     |   |                      |                                  |                         | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                      |                                  |                         | 200                 | 100                   |
| Multiple dependent claims   |                     |   |                      |                                  |                         | 360                 | 180                   |
| <u>Total Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                         |                     |                       |
| _____ - 20 = _____  | x _____             | = _____   |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u>    |                     |                       |
| <u>Indep. Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u> |                                  |                         |                     |                       |
| _____ - 3 = _____   | x _____             | = _____   |                      |                                  |                         |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                                  |                         |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                                  |                         |                     |                       |
| <u>Total Sheets</u>   | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>      | <u>Fee Paid (\$)</u>             |                         |                     |                       |
| _____ - 100 = _____   | /50                 | _____ (round up to a whole number) x _____              | = _____              |                                  |                         |                     |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                      |                                  |                         |                     |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                                  |                         |                     |                       |
| Other (e.g., late filing surcharge): 1252 Two Month Extension of Time   |                     |   |                      |                                  |                         | 225.00              |                       |

|                     |                 |                                   |                   |
|---------------------|-----------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                 |                                   |                   |
| Signature           |                 | Registration No. (Attorney/Agent) | 48,231            |
| Name (Print/Type)   | Mehran Arjomand | Telephone                         | (213) 892-5630    |
|                     |                 | Date                              | February 28, 2006 |